

Table of Contents

Chapter Two

- Three elements for meeting criteria
- A deep dive into ADL's
- Interactive exercises

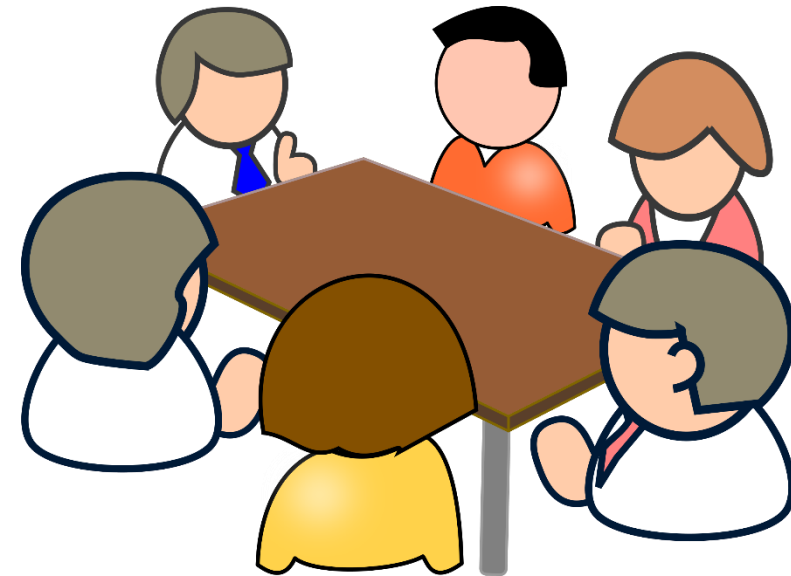
LOC Review Elements

Review Documentation
Hint-do they use incontinent supplies



Face to Face contact
Hint- Observation

Collaboration on final decisions
Hint- Participant and Plan



Level of Care Criteria Recap

There are three criteria:



functional capacity,



medical or nursing needs



risk of nursing facility
placement

All three criteria must be met to meet criteria

Functional Capacity

There are three different ways to meet the criteria for functional dependencies



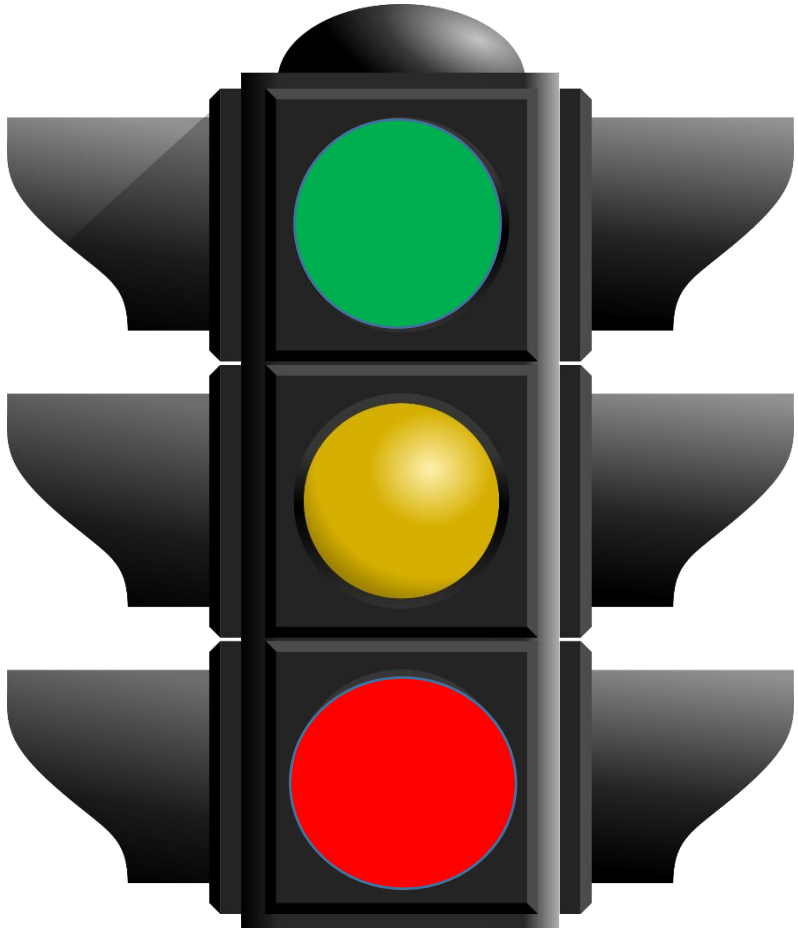
functional capacity,

the ability of the individual to perform activities of daily living (ADLs);

- 1 Dependent in 2-4 ADLs, plus semi-dependent or dependent in behavior and orientation, plus semi-dependent in joint motion or dependent in medication administration, **OR**
- 2 Dependent in 5-7 ADLs plus dependent in mobility, **OR**
- 3 Semi-Dependent in 2-7 ADLs, plus dependent in mobility, plus dependent in behavior and orientation.

An individual must meet **one** of the ADL descriptions

Learn your Traffic signals



- Green-Independent
- Yellow-Semi-dependent
- Red-Dependent

Activities of Daily Living

Select appropriate level

- Bathing, Dressing, Toileting, Transferring & Eating/Feeding

Needs no help

Mechanical help

Human help-supervise

Human help-physical assist

MH & HH-Supervise

MH & HH-Physical Assist

Always performed by others

Spoon fed

Syringe/Tube Fed

Fed by IV

Independent

Semi-dependent

Dependent

Activities of Daily Living Continence

Continence (Bowel)

Continent

Independent

External Device/Indwelling/Ostomy (self care)
Incontinent (less than weekly)

Semi Dependent

Incontinent (weekly or more)
Ostomy (not self care)

Dependent

Activities of Daily Living Continence

Continence-Bladder

Continent

External device/indwelling/ostomy (self care)

Incontinent (less than weekly)

External device (not self care)

Incontinent (weekly or more)

Indwelling catheter (not self care)

Ostomy (not self care)

Independent

Semi-dependent

Dependent

Functional Capacity *Tips*

Remember the purpose of the waiver is to assist the individual i.e. prevent the individual from destabilizing- by preventing

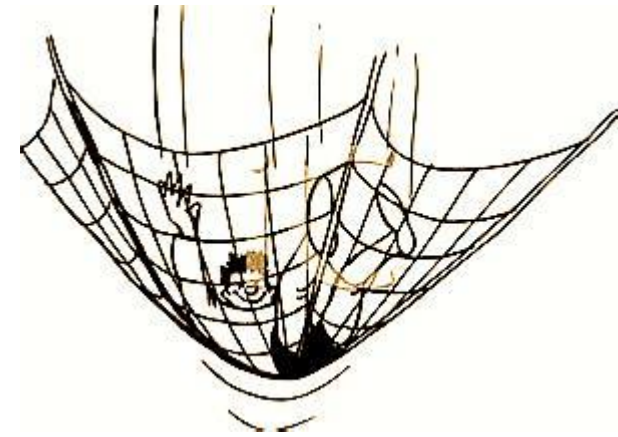
- A worsening condition
- Frequent hospitalizations including emergency room visits
- Nursing home placement



Functional Criteria

The following slides will provide

*Waiver services assist in providing
A safety net to prevent destabilization*



Functional Status

- Consists of:
 - Activities of daily living (ADL)
Bathing, Dressing, Toileting, Transferring & Eating/Feeding
 - Continence
Bowel & Bladder
 - Physical Health Assessment
Joint motion, Medication administration, Orientation & Behavior
 - Ambulation
Includes mobility*

All of the above make up the functional status

Common Submission Errors

Incorrect scoring

- Not observing /seeing individual perform the ADL, i.e. simply taking their word for it; therefore inaccurately listing as independent

Incorrect scoring

- Incontinence
- Eating/Feeding
- Orientation
- Behavior

Do they use incontinent supplies

Are they on oxygen? Proper fitting dentures?

Recent loss of family member or close friend

Appear to be daydreaming (for long periods of time through out the day) wandering mentally



Functional

- Although Mobility is not considered an activity of daily living, it is an area where screeners have questions. The definition of mobility is – **the extent of the individual's movement outside his/her usual living quarters.**
 - Mobility can be significant in determining if ADL criteria listed as independent



Key Points to Remember When Assessing Functional Status

- Functional status is a measure of the individual's impairment level and need for personal assistance.
- Interpret the ADLs in terms of what is usually needed to **safely** perform the entire activity. (*start to finish*)
- Functional status is based on what the individual is able to do **not** what they prefer to do



Assessing Functional Status

- Self-reporting on ADLs and other functional activities should be verified by observation or reports of others.
- This is especially critical when individuals report that they do activities by themselves, but the performance level or safety of the individual is in question.
Or
 - You have observed some physical limitations that are incongruent with individuals statements. Or
 - A diagnosis indicates there may be ADL limitation(s)



Functional Status

Physical Health Assessment includes

- Joint Motion
- Medication Administration
- Orientation
- Behavior



Physical Health Assessment

Joint Motion

Within normal limits or instability corrected

Independent

Limited motion

Semi-dependent

A partial restriction in the movement of a joint including any inflammatory process in the joint causing redness, pain and/ or swelling that limits the motion of the joint.

Instability uncorrected or immobile

Dependent

A joint does not maintain functional motion and/ or position when pressure or stress is applied and the disorder has not been surgically corrected **or** an appliance is not used, or there is total restriction in the movement of a joint.

Physical Health Assessment

Medication Administration

Without Assistance

(No semi-dependency)

Administered by lay person

Administered/monitored by professional
nursing staff

Independent



Dependent



Orientation & Behavior

- Cognitive impairments can affect an individual's
 - Judgment
 - Memory
 - Conceptual thinking
 - Orientation.
 - In turn, these can limit the ability to perform



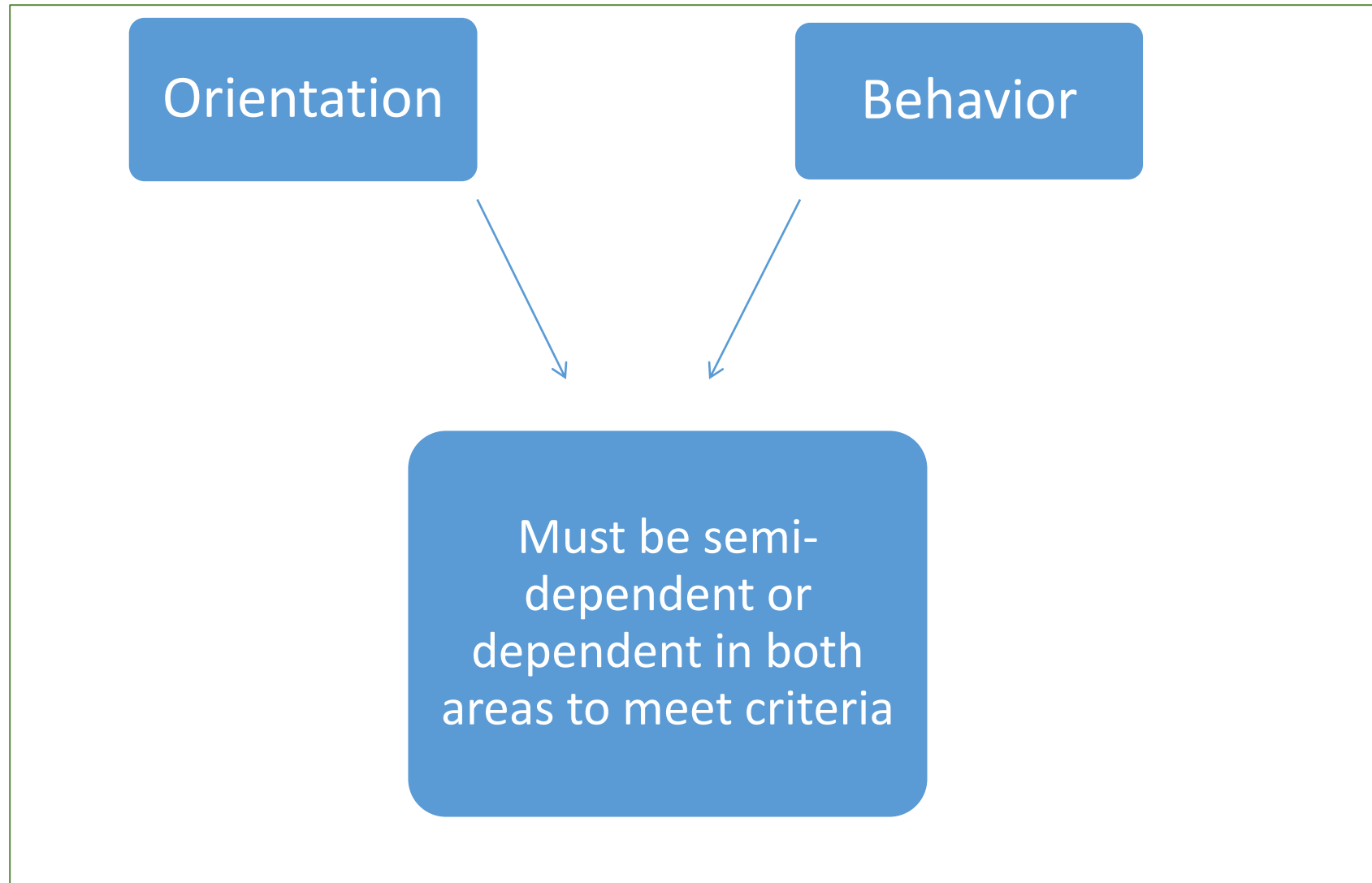
Orientation and Behavior

Please refer to the preadmission screening for scoring this section

- **Orientation and Behavior** are considered one item for the purposes of criteria determination.
- Semi-dependency and dependency are based on the combination of **both** behavior and orientation.
- *Remember:* In order to meet this criteria, the individual must be semi dependent or dependent in **both** areas.

Orientation + Behavior = to meet this criteria

Orientation & Behavior



Physical Health Assessment Orientation

Oriented

Disorientated some spheres/some of the times

Disorientated some spheres/all times

Disorientated all spheres/ sometimes

Disorientated all spheres/ all times

Semi-Comatose/Comatose

Independent

Semi-dependent

Dependent



Physical Health Assessment Behavior

Appropriate
Wandering Passive < than weekly

Wandering Passive weekly or >

Abusive/Aggressive/Disruptive < weekly

Abusive/Aggressive/Disruptive > weekly

Semi-Comatose/Comatose

Independent

Semi-dependent

Dependent



Behavior and Orientation are considered as a combination for service authorization. Please see the chart below that provides the combinations that determine whether or not an individual is independent (I), semi-dependent (d), or dependent (D) in both behavior and orientation for the purposes of pre-admission screening.

ORIENTATION PATTERN	BEHAVIOR PATTERN	Appropriate	Wandering/ Passive Less Than Weekly	Wandering/ Passive More Than Weekly	Abusive/Aggressive/ Disruptive Less Than Weekly	Abusive/ Aggressive /Disruptive More Than Weekly
	Oriented	I	I	I	d	d
	Disoriented: Some spheres Some of the time	I	I	d	d	D
	Disoriented: Some spheres All of the time	I	I	d	d	D
	Disoriented: All spheres Some of the time	d	d	d	d	D
	Disoriented: All spheres All of the time	d	d	d	D	D
	Comatose	D	D	D	D	D

Diagnoses

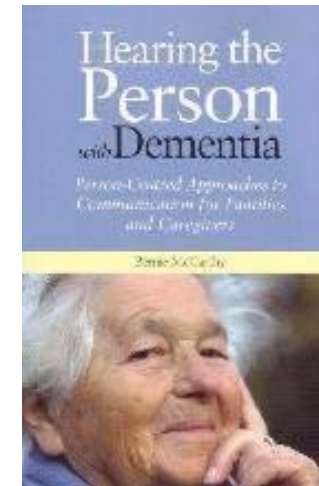
Look at diagnoses

- Coronary Artery Disease
- CHF Congestive Heart Failure
- Diabetes
- Cancer, type, location
- Chronic Obstructive Lung Disease
- Cerebral Vascular Accident (CVA)

- *Are they compliant with taking their medications?*
- *When was the heart attack 2 months ago, 5 years ago*
- *Are they on dialysis; or ESRD*
- *Where are they in the disease process*
- *When was the CVA a month ago, 1 years ago*

Diagnoses

- Autism
 - Low functioning
 - High functioning
- Cerebral Palsy
 - Mobility, Orthotics
- Mental Health



Diagnoses

Reminder:

Functional status should never be determined by diagnoses alone; but by face to face assessment of the ability of the individual

Mobility

- Do they use any mechanical help?
 - Cane, walker, wheelchair, other
 - Do they need supervision?
 - i.e. stand by assist, reminding, coaching/cueing
- Do they need physical assist?
 - Hands on assistance to prevent falls
 - (If they are in a wheelchair, they need more than MH)



Mobility

The definition of mobility is: the extent of the individual's movement outside his/her usual living quarters. (Once they have closed the door to their home and begin their journey)

Mobility can be significant in determining if some ADL criteria listed as independent

Mechanical Help (M.H.)
(M.H.)



Human Help
Physical Assist



Mechanical Help
Human Help physical Assist



Mobility

Select appropriate level

- Needs No Help

Independent

- Mechanical Help (MH) Only

semi-dependent

- Human Help - Supervise
- Human Help – Physical Assistance
- MH & Human Help - Supervise
- MH & Human Help – Physical Assistance
- Confined Moves About
- Confined Does Not Move About

Dependent

Medical or Nursing Needs



medical or nursing needs

- In addition to meeting functional criteria, in order to receive Medicaid reimbursement, the individual must have medical or nursing supervision or care needs that are not primarily for the care and treatment of mental disease.
- (Alzheimer's and dementia are not considered mental diseases.)

Medical Nursing Needs continued

If the individual is to remain in the waiver and they meet the functional criteria

- When you get to the section that asks the question-
 - Do they have a medical nursing need?
 - You, the provider must select **YES**
 - This will auto-populate the list in order for you to make your selection
 - If you do not select **YES** you are essentially dis-enrolling the individual from the waiver
 - Remember, they must have a medical nursing need to remain in the waiver

Medical and or Nursing Needs continued

- In determining the medical nursing need, consider every aspect of the individual's care
 - **Key facts to consider**
 - Is the need ongoing or short lived?
 - Does the need require professional staff to provide the care?
 - If the need is temporary, is it likely to reoccur?
 - Is current condition stable because of services received, i.e. prevent destabilization?
 - Does the diagnosis or age effect the individuals ability to self observe and/or report symptoms or illnesses?

Medical Nursing Needs continued



- There are three different ways to have a Medical Nursing Need
 - The individual requires at least one ongoing medical or nursing service (examples to follow)
 - The individual's medical condition requires observation and assessment to assure evaluation of the person's needs due to the inability for self observation or evaluation; OR
 - The individual has complex medical conditions which may be unstable or have the potential for instability

Medical or Nursing Needs continued

An individual requires **at least one** of the following conditions shown below (these are listed on the DMAS 99 LOC Form)

1. Application of aseptic dressing
2. Routine catheter care
3. Respiratory therapy
4. Therapeutic exercise and positioning
5. Chemotherapy
6. Radiation
7. Dialysis
8. Suctioning
9. Tracheotomy care
10. Infusion therapy
11. Oxygen
12. Routine skin care to prevent pressure ulcers for individual who are immobile



Medical or Nursing Needs continued

13. Care of small uncomplicated pressure ulcers, and local skin rashes
14. Use of physical (i.e. side rails, pedsy's, locked doors in the PACE center and/or chemical restraints
15. Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability
16. Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder
17. Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration-
 1. **The following individuals may be at risk:**
An individual on chemotherapy (poor or no appetite),
Stroke, Depression, Dementia, Muscular Dystrophy, ALS, CP, TBI



Meeting Criteria Observation

- The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals –
 - Example:
 - Chemotherapy, s/p Transplant, s/p Cardiac surgery or other complex surgeries. Consider the age of the individual (a 90 year old may not heal as quickly as a 50 or 65 year old), Depression, Cognitive ability or Dementia

Meeting Criteria Complexity

- Due to the complexity created by the person's multiple, interrelated medical conditions, the potential for the individual's medical instability is high or exists

Examples

- This is an individual who has multiple diagnosis, co-morbidities- one disease impacts the other(s)
- i.e. CAD, Diabetes, Hypertension, Cancer, again look at their Cognitive ability

12VAC30-120-930 (VA code that requires S.F. to have a nurse available for clinical consult)

Medical Nursing Needs

Complete all sections

- **Diagnosis (Check all that apply)**

- Diabetes COPD Cancer CHF
- Dementia Alzheimer's ID/DD Mental Health
- Other Diagnosis (Please specify)- -----

- **Medications:**

- **Current Health Status/**

- Conditions/ Comments

- **Current Medical Nursing Need(s):**

- Yes No

←→http://apps.dmas.virginia.gov:7001/apexprd/f?p=152:17:13313781154812::NOMedical Component

Add Edit Comments (3)Add Edit Comments (2)View All ReviewsAdd Edit CommentsWeb Slice GalleryPageSafetyTools?

Logout

Level Of Care Review Tracking System (LRT) (Production)

Review DetailsProvider InfoMember InfoFunctional Comp. Medical DiagnosisEligibility InfoComments/AttachmentsReview Tracking

Home > View All Reviews > Review Details > Medical Component

Medical Needs

Current Health Status

STABLE

Medications

LOZARTIN, LEVOTHYROXINE

Diagnosis

Diagnosis Other

Other

BREAST CANCER, THYROID CANCER, HYPERTENSION

Medical Nursing Needs

Medical Needs

The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals.

Other Medical Nursing Needs

-

SFO34921 en

9:59 AM12/18/2017

Hints



- Many of our senior citizens are proud and want to appear independent
- Remember to “paint a picture” of the individual so we know what the individual looks like clinically
- Include clinical information – recent falls, hospitalizations, change in status
- Include all of the pertinent diagnosis i.e. COPD, diabetes, cancer, autism, ADHD, etc.
- List the most pertinent medications first

At Risk of Nursing Facility Placement

- The following slide demonstrates the 3rd criteria an individual must meet to be eligible for waiver services



At Risk of Nursing Facility Placement



risk of nursing facility placement
in the absence of
home and community based services.

Continuing eligibility for home and community based services waivers requires that:

- The individual would, but for the provision of home or community-based services, otherwise be institutionalized.
- It demonstrates there is a reasonable indication the beneficiary might, in near future (30 days), have the need for nursing facility supports/services
- {42CRF 441.302(c)(2)}

Clarification

- **Imminent risk:**

- Without waiver services, is the individual ***at risk of*** nursing facility placement within 30 days?

- **At risk of placement**

- The individual is not required to be placed:
 - It demonstrates there is a reasonable indication the beneficiary might, in the near future (30 days), have the need for supports/services
- 42CFR 441.302(c,1i,ii) State Assurances

Scenario- 80 year old

- Diagnosis-Breast cancer, status post mastectomy last June Rheumatoid arthritis, Glaucoma, Hypothyroidism, recent Fracture of the right ring finger, Peripheral Edema and Acid Reflux disease
- Medications include: Prevacid, Tamoxifen, Lataprost eye drops, Levothyroxine, Alleve, Lasix
- The individual lives in a single story home, with her 84 year old husband who has difficulty hearing. The individual was recently seen at the dentist due to improperly fitting dentures on assessment she states she rarely wears her dentures due to them not fitting correctly.
- She ambulates with a cane and at times uses a walker, states that she **is continent** of bowel and bladder and uses Depends because at times she does not make it to the bathroom in time.

Scenario- 80 year old continued

- States she enjoys cooking; however, it has become more difficult due to her glaucoma and difficulty standing for even short periods of time.
- States she has a pill box and needs assistance (due to her broken finger and arthritis) opening the medication containers and placing them in her pill box
- She has a niece who assists with grocery shopping, M.D. & dental appointments.
- During the visit it was noted that her husband has osteoarthritis and now uses a cane to ambulate.
- During the visit you note that the individual appears to be in pain when ambulating and moving extremely slow with her walker for fear of falling.

Scenario- 80 year old

- Diagnosis-Breast cancer, status post mastectomy last March, Rheumatoid arthritis, Glaucoma, Hypothyroidism, recent Fracture of the right ring finger, Peripheral Edema and Acid Reflux disease
- Medications include: Prevacid, Tamoxifen, Lantaprost eye drops, Levothyroxine, Aleve, Lasix
- The individual lives in a single story home, with her 84 year old husband who has difficulty hearing. She was recently seen at the dentist due to improperly fitting dentures and noted that she rarely wears her dentures due to them not fitting correctly.
- The individual ambulates with a cane and at times uses a walker, states that she is continent of bowel and bladder and uses Depends because at times she does not make it to the bathroom in time.

Status of her cancer
(depression) Difficulty seeing
Debilitating arthritis,
Fractured finger, Dependent
edema, Reflux disease

No pain meds noted- for her
arthritis and fx. finger is she
compliant with her meds.
Including eye gtts

Eating/Feeding Can she
chew her food properly,
does she have mouth sores
due to improperly fitting
dentures, Is she at risk of
choking or aspiration, is she
at risk of malnutrition

Keys to toileting &
continent- does she need
more than a walker-i.e.
supervision- remember her
peripheral edema-Hope you
did not miss this one!- one
cannot be continent if they
wear Depends

Scenario- 80 year old continued

- States she enjoys cooking; however, it has become more difficult due to her glaucoma and difficulty standing for even short periods of time.
- States she has a pill box and needs assistance (due to her broken finger and arthritis) opening the medication containers and placing them in her pill box
- She has a niece who assists with grocery shopping, M.D. & dental appointments.
- During the visit it was noted that her husband also has osteoarthritis and now uses a cane to ambulate.
- During the visit you note that the individual appears to be in pain when ambulating and moving extremely slow with her walker for fear of falling.

Fall risk- Difficulty seeing- also risk of burning herself, remember the peripheral edema & fractured finger, is it safe for her to stand with the walker-for a period of time –

Dependent-(Transferring-MH HH supervise, Eating/Feeding-HH supervise)

Assistance with opening containers, does she take her medications as prescribed, her broken finger will also impact her writing and perhaps feeding herself. Dependent-Dressing-HH physical assist, Bathing-MH- HH physical assist, Eating/Feeding-HH supervise

Dependent-Mobility-MH-HH physical assist

Her primary care giver also needs assistance with his ADL's-she is at risk of nursing home placement without her spouse (PCG)

Look at the transferring, and all ADL's that involve mobility- Transferring-MH HH supervise, Mobility-MH- HH physical assist

Scenario

Break out session-

- Does this individual meet criteria?
- If so, how do they meet?

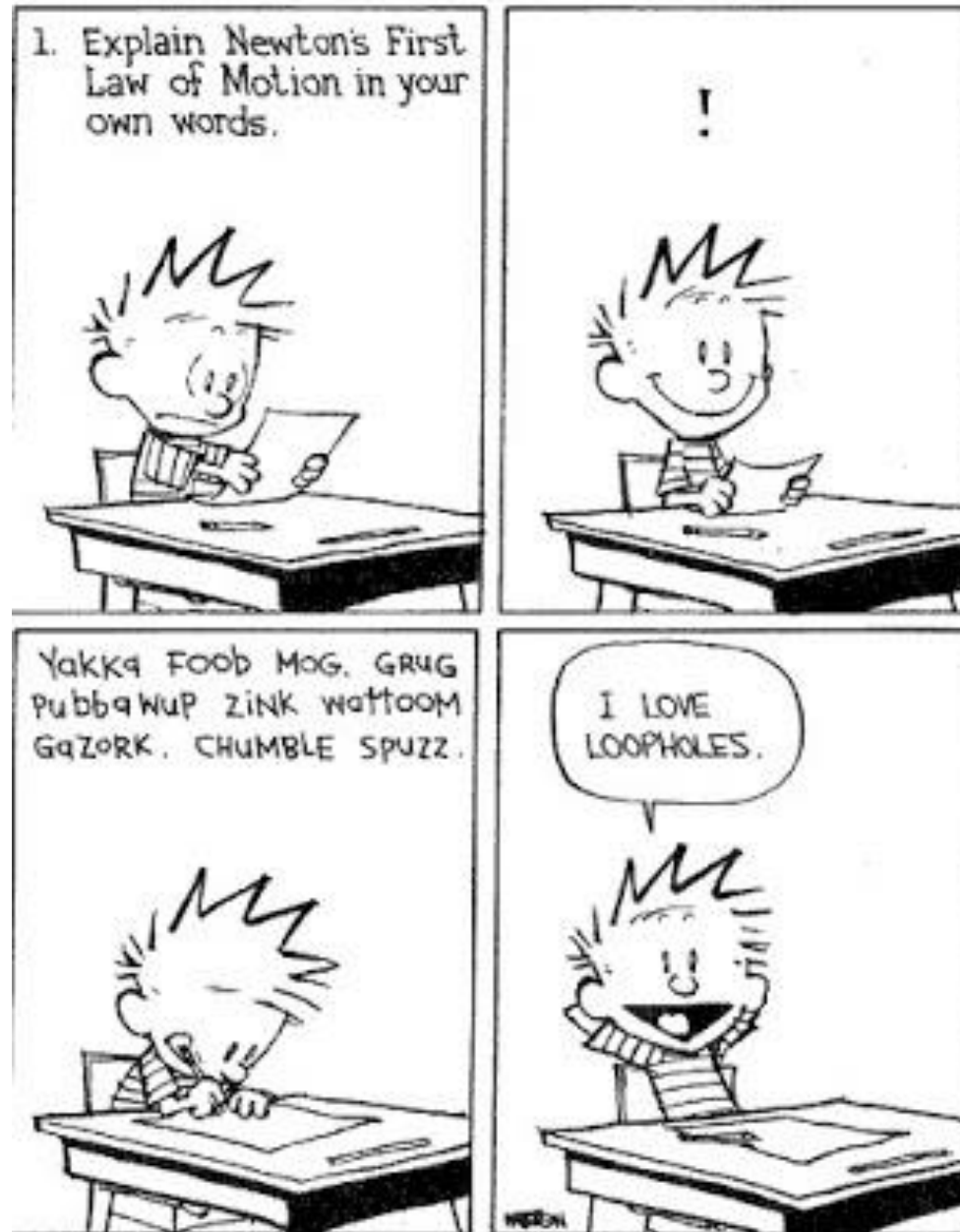
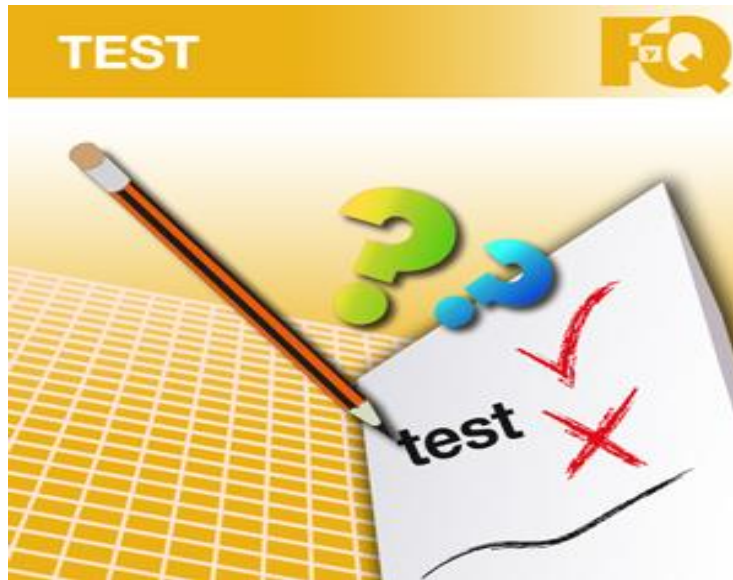


Scenario 55 year old

55 year old lives alone in a single story home, recent hospitalization for pressure ulcer, and fall while attempting to transfer from his wheelchair to his bed, compliant with medications, new powered wheelchair. 5 years ago he was in a serious motor cycle accident and sustained multiple serious injuries, including spinal cord injury with permanent paralysis of his lower extremities. Able to self-cath to empty bladder q 4 hours, attempts to perform his ADL's independently; however, he does require assistance with all ADL's.

- Diagnoses: Paraplegia, Obesity, Hypertension, Pressure ulcer, Cardiac arrhythmia
- Medications: Coumadin, Digoxin, HCTZ/Lisinopril
- Medical Nursing Needs (MNN)- The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals.

- Quiz Time



Question #1

- On what do you determine your review score, Diagnosis or Ability?



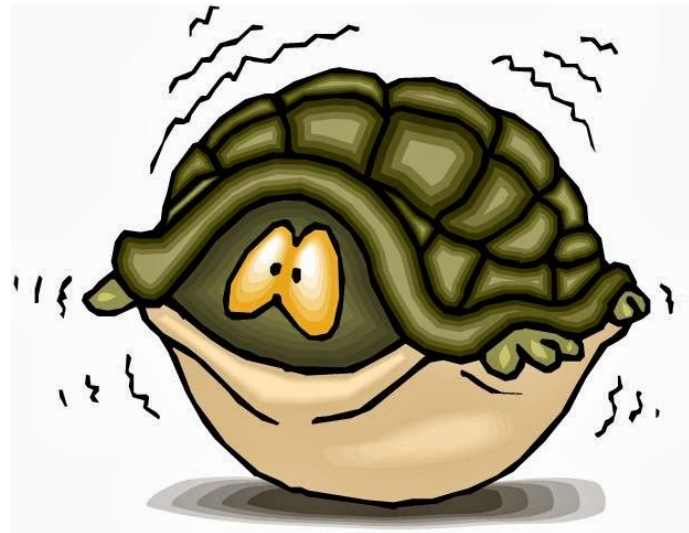
Yes



No






Both











Question #2

Which one of the following Function Criteria combination is the most under used combination?

-  **1** Dependent in 2-4 ADLs, plus semi-dependent or dependent in behavior and orientation, plus semi-dependent in joint motion or dependent in medication administration, **OR**
-  **2** Dependent in 5-7 ADLs plus dependent in mobility, **OR**
-  **3** Semi-Dependent in 2-7 ADLs, plus dependent in mobility, plus dependent in behavior and orientation.

Question #3

- Place an  by the elements of the annual LOC process for DMAS.

- | | |
|--|--|
|  Review documentation |  Copy last years LOC and resubmit it |
|  Confer with your supervisor |  Face to face contact |
|  Conduct an interview with the service provider |  Submit LOC on portal |
|  Collaborate on final decision |  Conduct meeting to finalize a decision of if individual meets criteria |